



EV 298497018 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Thomas E. Barta, et al.
Serial No: 10/618,288
Filed: April 25, 2003
Title: Piperidinyl- and Piperazinyl-Sulfonylmethyl Hydroxamic Acids and Their Use as Protease Inhibitors
Confirmation No: TBA
Art Unit: TBA
Examiner: TBA
Attorney Ref: 00988/1/US
HDP Ref: 6794-000053/US

December 12, 2003

PRELIMINARY AMENDMENT A

TO THE COMMISSIONER FOR PATENTS,
SIR/MADAM:

Applicants request that this Preliminary Amendment be entered into the above-referenced application.

Clean version of amendments to the specification begins on page 2.

Claims (including amendments) begin on page 25.

Remarks begin on page 220.

Appendix A (showing a marked-up version of the amendments to specification) begins on page 224



12/15/03

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/618,288	
	Filing Date	April 25, 2003	
	First Named Inventor	Thomas E. Barta	
	Group Art Unit	TBA	
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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
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